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February 4, 2019

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## Addendum C

### Dr. Sarah Porter's Neuropsychological Evaluation, January 3, 2017

Marcela was referred for a comprehensive neuropsychological evaluation by Dane County Comprehensive Community Services to clarify her diagnoses and better understand her neuropsychological strengths and weaknesses. Marcela's mother provided most of the information, and a Spanish interpreter was used. Psychosocial history matched what was provided in other records. At the time, Marcela had been hospitalized five times between 2011-2014 and had experienced numerous significant childhood stressors included moving to America and other moves, her parents' divorce, domestic abuse between her mother and a partner, her father's withdrawal from Marcela, two sexual traumas at school (reported as Fall 2015 and Spring 2016), financial difficulties, and problems acquiring necessary services for Marcela. Birth was positive for anoxia. Developmental history included global developmental delays in walking at age 2 and speaking at age 6. Marcela had received some occupation therapy for fine/gross motor movements in Honduras at age five prior to her move to American at age 6.

Current symptoms involved agitation prior to sleep and insomnia due to nightmares subsequent to the traumas. Dr. Porter noted that Marcela had been placed in foster care due to "behavioral/emotional dysregulation" following the first sexual trauma described as Fall 2015 (police records indicate this trauma occurred in April 2015). The second sexual trauma occurred during foster care placement in Spring 2016.

At the time of this 2017 evaluation, Marcela was in the 18-21 year-old program at Badger Prairie Needs Network at Verona High School. She was working with her job coach at the Pizza Ranch. She had received previous IEPs for speech/language and "emotional/behavioral issues" throughout her education history. Currently, Marcela had a team of providers, a service facilitator, in-home therapist from Orion Family Services, an in-home mental health therapist from Elite Cognition, a social worker, a nurse practitioner for psychiatric medications, and a movement therapist. Since traditional "talk therapy" had not been effective, Marcela was making improvements with this group through her in-home therapists, relaxation strategies, movement techniques, behavioral strategies for activities of daily living, and medications. Medications involved Abilify injections and Trazodone 100 mg qhs.

Mental status indicated Marcela's orientation in three spheres. She was described as having poor speech articulation, expressive/receptive language deficits, minimal spontaneous conversation, flat affect, poor historical recall, and poor insight. Results indicated Extremely Low intellectual functioning (Full Scale IQ of 53, <1<sup>st</sup> percentile) which translated to an age equivalent of 5 years, 10 months. More specifically, across all neuropsychological functions (processing speed, working memory receptive/expressive language and verbal comprehension, perceptual reasoning, executive functioning, verbal/visual memory, and motor function), Marcela's results

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demonstrated Moderate-to-Severe Impairments. Clinically Significant deficits (<1<sup>st</sup> percentile) across all areas of adaptive functioning (specifically communication, daily living skills, and social skills) were noted as well. Dr. Porter noted that parent reports and behavioral observation indicated moderate to severe post-traumatic symptoms due to parental abandonment, witnessing parental violence, and experiencing two sexual assaults.

Dr. Porter diagnosed Marcella with Moderate-to-Severe Intellectual Disability and moderate-to-severe impairments in all domains of functioning and Post-Traumatic Stress Disorder (PTSD) with Dissociative Symptoms. Emotional/behavioral symptoms were ascribed to trauma, abandonment, and her Intellectual Disability. Surprisingly, Dr. Porter ruled out her current psychotic disorder even though hospital and clinic records regarding psychotism were not included in the report. She recommended consistent supervision (including guardianship, SSDI, and other social services), updating medication to treat trauma symptoms, "intellectually-appropriate" in-home family therapy, in-home therapy for PTSD symptoms, directed anger management treatment, increasing assertive communication, continued assistance in developing accurate understanding and perceptions, improving intellectual skills, environmental strategies to complete activities of daily living, and long-term adult supportive services.